

Partial Amendment filing to correct the Premium enrollment (MQ007), Statement of Revenue and Expenses(MQ004), Capital and Surplus Account (MQ005), Cash Flow (MQ006) and Underwriting and Investment Exhibit (MQ009).



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

Cape Health Plan, Inc.

NAIC Group Code 0000 0000 NAIC Company Code 95759 Employer's ID Number 38-2455176
(Current Period) (Prior Period)

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []
Vision Service Corporation [] Other [] Health Maintenance Organization [X]
Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated 04/29/1982 Commenced Business 04/29/1982

Statutory Home Office 26711 Northwestern Highway, Suite 300, Southfield, MI 48034
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 26711 Northwestern Highway, Suite 300
(Street and Number)
Southfield, MI 48034 248-386-3000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 26711 Northwestern Highway, Suite 300, Southfield, MI 48034
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 26711 Northwestern Highway, Suite 300
(Street and Number)
Southfield, MI 48034 248-386-3003
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.capehealth.com

Statutory Statement Contact THOMAS ASHFORD MURAR MR. 248-386-3003
(Name) (Area Code) (Telephone Number) (Extension)
tmurar@capehealth.com 248-945-9149
(E-mail Address) (FAX Number)

Policyowner Relations Contact 26711 Northwestern Highway, Suite 300
(Street and Number)
Southfield, MI 48034 248-386-3000-3003
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President Nancy Wanchik Secretary William Brodhead
Treasurer Ralph Woronoff

VICE PRESIDENTS

Steve Stein MD Michele Lundberg Thomas Murar
Rodger Prong

DIRECTORS OR TRUSTEES

Nancy Wanchik William Brodhead Ralph Woronoff
Janis Coleman Lillian Bullard Etrue Bryant
Shirley Lightsey Thomas Murar Susan Sarin
Gladys Taylor

State ofMICHIGAN.....

County ofMACOMB.....

}

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Nancy Wanchik (President and Chief Operating Officer)
President

Susan Sarin (Chief Executive Officer)
Secretary

Thomas Murar (Chief Financial Officer)
Treasurer

Subscribed and sworn to before me this

17

day of

JULY, 2003

LINDA RUSTE

NOTARY PUBLIC

MARCH 26, 2007

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	168,505	134,218
2. Net premium income (including non-health premium income).....	XXX	27,059,714	23,152,888
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	27,059,714	23,152,888
Hospital and Medical:			
9. Hospital/medical benefits		14,549,553	12,553,606
10. Other professional services		3,605,316	2,961,069
11. Outside referrals			0
12. Emergency room and out-of-area		1,465,884	1,482,005
13. Prescription drugs		3,853,590	2,477,460
14. Aggregate write-ins for other hospital and medical.....	0	718,681	366,506
15. Incentive pool and withhold adjustments		150,000	150,000
16. Subtotal (Lines 9 to 15)	0	24,343,024	19,990,646
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	24,343,024	19,990,646
19. Non-health claims			
20. Claims adjustment expenses		0	0
21. General administrative expenses.....		2,470,952	2,626,740
22. Increase in reserves for life and accident and health contracts including \$ increase in reserves for life only).....			0
23. Total underwriting deductions (Lines 18 through 22)	0	26,813,976	22,617,386
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	245,738	535,502
25. Net investment income earned		78,902	98,430
26. Net realized capital gains or (losses)			0
27. Net investment gains or (losses) (Lines 25 plus 26)	0	78,902	98,430
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	324,640	633,932
31. Federal and foreign income taxes incurred	XXX	110,380	215,603
32. Net income (loss) (Lines 30 minus 31)	XXX	214,260	418,329
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.		718,681	366,506
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	718,681	366,506
2901.			0
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT:		
33. Capital and surplus prior reporting period	6,880,248	8,059,699
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
34. Net income or (loss) from Line 32	214,260	(137,421)
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Net unrealized capital gains and losses		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	(104,226)	207,970
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock		0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in		0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in		0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		(1,250,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital & surplus (Lines 34 to 47)	110,034	(1,179,451)
49. Capital and surplus end of reporting period (Line 33 plus 48)	6,990,282	6,880,248
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	27,059,714	101,434,147
2. Net investment income	78,902	358,251
3. Miscellaneous income	602,280	48,354
4. Total (Lines 1 to 3)	27,740,896	101,840,752
5. Benefits and loss related payments	23,916,215	100,315,731
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions	4,357,157	
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) \$ net tax on capital gains (losses)	110,380	9,019
10. Total (Lines 5 through 9)	28,383,752	100,324,750
11. Net cash from operations (Line 4 minus Line 10)	(642,856)	1,516,002
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	297,000	295,000
12.2 Stocks .....	.0	.0
12.3 Mortgage loans .....	.0	.0
12.4 Real estate .....	.0	.0
12.5 Other invested assets .....	.0	.0
12.6 Net gains or (losses) on cash and short-term investments .....	.0	.0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	297,000	295,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	294,000	110,000
13.2 Stocks .....	.0	.0
13.3 Mortgage loans .....	.0	.0
13.4 Real estate .....	.0	.0
13.5 Other invested assets .....	.0	.0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	294,000	110,000
14. Net increase (or decrease) in policy loans and premium notes .....	.0	
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	.3,000	185,000
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	.0	.0
16.2 Capital and paid in surplus, less treasury stock.....	.0	
16.3 Borrowed funds received.....	.0	.0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders .....	.0	1,250,000
16.6 Other cash provided (applied).....	(19,856)	3,470,635
17. Net cash from financing and miscellaneous sources (Line 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6)	(19,856)	2,220,635
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18. Net change in cash and short-term investments (Line 11 plus Line 15 plus Line 17)	(659,712)	3,921,637
19. Cash and short-term investments:		
19.1 Beginning of period	23,461,986	19,540,349
19.2 End of period (Line 18 plus Line 19.1).....	22,802,274	23,461,986

STATEMENT AS OF MARCH 31, 2003 OF THE CAPE HEALTH PLAN, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	54,171	0	0	0	0	0	0	0	54,171				0
2. First Quarter	56,943								56,943				
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	168,505								168,505				
Total Member Ambulatory Encounters for Period:													
7. Physician	4,381								4,381				
8. Non-Physician	2,699								2,699				
9. Total	7,080	0	0	0	0	0	0	0	7,080	0	0	0	0
10. Hospital Patient Days Incurred	7,567								7,567				
11. Number of Inpatient Admissions	1,525								1,525				
12. Health Premiums Collected	27,059,714								27,059,714				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0								0				
15. Health Premiums Earned	27,059,714								27,059,714				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	14,739,205								14,739,205				
18. Amount Incurred for Provision of Health Care Services	24,343,024								24,343,024				

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan Premiums					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	8,896,607	14,739,205	4,853,393	9,453,818	13,750,000	13,750,000
8. Other Health					0	0
9. Health Subtotal (Lines 1 to 8).....	8,896,607	14,739,205	4,853,393	9,453,818	13,750,000	13,750,000
10. Other non-health					0	
11. Medical incentive pools, accruals and disbursements	280,402	0	199,598	150,000	480,000	480,000
12. Totals	9,177,009	14,739,205	5,052,991	9,603,818	14,230,000	14,230,000